PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

95-99 AR

FILED
99 JUN 11 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000032053

1. Corporation Name
EIG Gaming International, Inc.

Principal Place of Business
12955 Biscayne Blvd., Suite 202
N. Miami, Florida 33181

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 95-99 (e)

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
See above	See above
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: March 18, 1994

5. FEI Number: 65-
Applied For ☐ Not Applicable ☒

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	S.J. Eisenberg	c/o 12955 Biscayne Blvd., 202	N. Miami, FL 33181
D	Bob Martinez	c/o 12955 Biscayne Blvd., 202,	N. Miami, FL 33181

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-06/16/99--01003--012
***1350.00- ***1350.00

8. Name and Address of Current Registered Agent
Mark L. Pomeranz
12955 Biscayne Blvd. Ste 202
N. Miami, FL 33181

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc
City | State FL | Zip Code

CR2E081 (12/98)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN
Date: 6.4.99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been terminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. 6/11/99 (e)

SIGNATURE: [signature] S.J EISENBERG
SIGNATURE AND TYPED OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR

6.4.99 (305) 891-5858
Date Daytime Phone #